

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	B.H.	60245	8-6-98
O.I.P.E. CLASSIFIER			8-7-98
FORMALITY REVIEW	MJ	70886	8-19-98

### INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral) Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
1	✓
2	✓
3	✓
4	✓
5	✓
6	✓
7	✓
8	✓
9	✓
10	✓
11	✓
12	✓
13	✓
14	✓
15	✓
16	✓
17	✓
18	✓
19	✓
20	✓
21	✓
22	✓
23	✓
24	✓
25	✓
26	✓
27	✓
28	✓
29	✓
30	✓
31	✓
32	✓
33	✓
34	✓
35	✓
36	✓
37	✓
38	✓
39	✓
40	✓
41	✓
42	✓
43	✓
44	✓
45	✓
46	✓
47	✓
48	✓
49	✓
50	✓

Claim	Date	Claim	Date
51	✓	110	✓
52	✓	111	✓
53	✓	112	✓
54	✓	113	✓
55	✓	114	✓
56	✓	115	✓
57	✓	116	✓
58	✓	117	✓
59	✓	118	✓
60	✓	119	✓
61	✓	120	✓
62	✓	121	✓
63	✓	122	✓
64	✓	123	✓
65	✓	124	✓
66	✓	125	✓
67	✓	126	✓
68	✓	127	✓
69	✓	128	✓
70	✓	129	✓
71	✓	130	✓
72	✓	131	✓
73	✓	132	✓
74	✓	133	✓
75	✓	134	✓
76	✓	135	✓
77	✓	136	✓
78	✓	137	✓
79	✓	138	✓
80	✓	139	✓
81	✓	140	✓
82	✓	141	✓
83	✓	142	✓
84	✓	143	✓
85	✓	144	✓
86	✓	145	✓
87	✓	146	✓
88	✓	147	✓
89	✓	148	✓
90	✓	149	✓
91	✓	150	✓
92	✓	151	✓
93	✓	152	✓
94	✓	153	✓
95	✓	154	✓
96	✓	155	✓
97	✓	156	✓
98	✓	157	✓
99	✓	158	✓
100	✓	159	✓
101	✓	160	✓

If more than 150 claims or 10 actions  
staple additional sheet here

(LEFT INSIDE)

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